

PLEASE PRINT

Participant's Name: _____ Age: _____ Grade Entering: _____ Date of Birth: _____ Gender: M / F

Location: _____ ☐ Summer ☐ Winter ☐ Spring ☐ After School ☐ Other _____

Please circle participant's T-Shirt size: Youth - S M L Adult - S M L XL XXL XXXL

Swimming: Allow ☐ Do Not Allow ☐ Bike/Walk Permission: Allow ☐ Do Not Allow ☐

Movies: Allow ☐ Do Not Allow ☐ Media Release: Allow ☐ Do Not Allow ☐

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Movies: Allow ☐ Do Not Allow ☐ Media Release: Allow ☐ Do Not Allow ☐

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Cell : _____ Email: _____

Place of Employment: _____ Work Phone: _____ Home Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

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Parks & Recreation will not release participant(s) to anyone not listed above.

Having been informed of the activity to provide supervised recreation for youth, having read and been provided a copy of the Program Guidelines (page 2 of registration packet) I, the parent/guardian of the participant named, do hereby give my approval for participation in any and all of the activities as indicated including Media Release described below. I assume all risks and hazards incidental to the conduct of the activity, transportation to and from the activities, and I do hereby release, absolve, indemnify and hold harmless Brevard County, its agents and employees, the organizers and sponsors, any and all of them. In case of injury to the participant, I hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I likewise release from responsibility any person transporting the participant to and from activities.

Media Release: I hereby consent to the recording, broadcast and re-broadcast, web site, and internet posting of the participant, name, voice and/or likeness over the internet or any other printings utilized by Brevard County Parks & Recreation. The participant's, name, voice and/or likeness may also be used in promoting broadcast (s). If I am consenting on behalf the participant, then I affirm that I am of legal age to consent and am the parent of the participant listed above on this form, or I am of legal age to consent and am the legal guardian of the participant listed above on this form, or I am of legal age to consent and am both the parent and guardian of the participant listed above on this form. If I am consenting on behalf of myself, then I represent that I am at least eighteen (18) years of age and have the right to consent to this agreement. I agree to accept no compensation for my, or the participant's, appearance and I release Brevard County Parks & Recreation, the Brevard County Board of County Commissioners, its municipalities, Charter Officers, Brevard County School Board and their agents and assigns from any and all liability for any violation of any personal or property rights which I might have a connection with such materials.

I further agree to indemnify and hold harmless Brevard County Parks & Recreation, the Brevard County Board of County Commissioners, its municipalities, Charter Officers, Brevard County School Board and their agents and assigns and any licensees of the aforementioned against any liability, loss, or other injury whatsoever caused by or arising out of my, or the participant's, appearance on the program or any utterance made by me, or the participant, on the program or the use of any materials furnished for use by me, or the participant, on the program including reasonable costs and attorneys' fees. Brevard County Parks & Recreation permitting me, or the participant, to appear in their programs shall constitute its approval of this agreement.

Parent/Guardian Signature: _____ Date: _____

Brevard County Parks & Recreation

YOUTH PROGRAM & CAMP

RULES AND GUIDELINES

REGISTRATION - All fees must be paid prior to participation. It is recommended that you pay for the weeks desired at time of registration in order to guarantee participant's enrollment. Payments two (2) weeks in advance may assist you in keeping the participant(s) registered throughout the program. Please ensure accuracy of the information provided in the registration packet. **Parent/Guardian is responsible to keep this information updated and to notify staff in writing of any changes.** Checks should be made payable to the Brevard County Board of County Commissioners (BoCC). Please retain your receipt(s), if needed, for the IRS. Brevard County Tax ID # 59-6000523.

DISHONORED CHECKS - When a check is returned unpaid by the bank, the original amount of the check plus any bank service charges must be paid in full by cash, certified check or credit card. Participant(s) will not be allowed to attend the program until payment is made in full. Future registrations must be paid by cash, certified check, or credit card. Checks may not be re-deposited.

REFUNDS - An application for refund must be received 7 calendar days prior to scheduled date of use, except for illness or family emergencies, in which case proof must be provided, and the application must be received within 7 calendar days following absence. **A processing fee of \$20.00** will be assessed for each refund application. Daily refunds are not available.

CHECK IN - Each participant must be escorted into the program and checked in by signing the daily sign in sheet. Please do not bring participants to the facility prior to 7:00 a.m. - staff is not available to supervise participants before the scheduled program time. If the participant has bike/walk authorization, they are permitted to check themselves in and out of the program at the appropriate times. All late arrivals must be signed in with staff. **Brevard County will not be responsible for children who are not signed into the program.**

CHECK OUT - **Parks & Recreation will not release participant(s) to anyone not listed on the Registration Form.** It is the responsibility of the Parent/Guardian to keep this information up to date. A legal document must be presented to identify any change in legal custody that affects who is or is not authorized to leave the site with the participant. At the time of pickup, proper picture identification and signature will be required. **A Late pickup fee of \$20.00 per participant shall be assessed for participants not picked up within 15 minutes of the conclusion of the program.** If the parent/guardian is late, a telephone call is appreciated, but does not relieve you of the responsibility of the late fee. Payment of this fee will be required before the participant will be allowed back in the program. **If staff is not able to reach the parent/guardian, appropriate authorities will be notified.**

FIELD TRIPS - Field trips are for weekly registered participants. All field trips are scheduled in advance and may be canceled at any time. Field trips must be paid in advance of the scheduled field trip. Program **T-shirts must be worn on field trips.** Additional information will be given the week of the field trip. Please send participants with a change of clothes on all water days. If a participant cannot attend the field trip, the parent/guardian will need to make arrangements in advance with the staff supervisor for the participant to stay at another program location for the day if possible.

DISCIPLINE POLICY - Please review the rules with the participant(s). In the event a participant is involved in an incident requiring discipline, a discipline report will be sent home with the participant. **The participant must return the discipline report signed by the parent/guardian before being allowed to further participate in the program.** Each incident will be documented and a supervisor will be notified before the participant is suspended or removed from the program. **The County reserves the right to immediately expel any participant from the program.**

PHYSICAL CONTACT MADE 1st Incident: - Participant will be picked up the day of incident and will be suspended for the next day.

2nd Incident: - Suspension for one (1) week. 3rd Incident - Removal from program.

DISRESPECTFUL, DISRUPTIVE OR DESTRUCTIVE BEHAVIOR 1st Incident: - Removal from activity. 2nd Incident: - Participant will be picked up the day of incident and be suspended for the next day. 3rd Incident: - Suspension for one (1) week. 4th Incident: Removal from program.

PROGRAM RULES (Each program will develop rules as needed)

1. **Swimming** is a part of some programs. All children are swim tested by certified lifeguards. Non-swimmers are required to wear life jackets and must stay in shallow water. A wristband will be provided for identification of all non-swimmers. Swimming lessons are not part of camp. Lessons are available through a separate program. Please inquire.
2. **Movies** are part of some programs. Age-appropriate movies will be shown.
3. **Bike/Walk** participants may sign themselves in and out at the beginning and at the completion of the day. Participants will not be released early on their own without prior authorization by the parent/guardian or others authorized on this registration form.
4. Participant must stay with assigned group unless reassigned by program staff. Participant must ask permission from staff to leave the group.
5. Participant will show courtesy to fellow participants and staff.
6. Each participant is expected to show respect for personal, private and county property.
7. Participant will be responsible for using games and equipment properly.
8. Name-calling, cursing, swearing, and fighting will not be tolerated.
9. Participant must comply with staff and observe rules at all times. Disrespect will not be tolerated.
10. Participant must keep hands, feet, and objects to themselves.
11. Participant must clean their area before moving to the next activity

For information regarding Brevard County Parks & Recreation visit us on the web at:
www.brevardparks.com or on Facebook at: www.facebook.com/BrevardCountyParks

Brevard County Parks & Recreation

Participant Administration of Medication, Conditions, Restrictions

(one participant per form)



Participant's Name: _____

Name of Medication: _____

Medication must be in the original container. Additional forms available for multiple medications.

Dosage: _____ Method of Administration: _____

At the following times: _____

Explanation (Why is medication necessary during Camp hours?) _____

Does the participant have any conditions or restrictions you would like us to be aware of? ☐ YES (if yes, please list below) ☐ NO

Any person requiring reasonable accommodations in order to participate in our activities and programs must contact the program coordinator.

I, the parent/guardian of the above mentioned participant understands that there shall be no liability for civil damages as a result of the administration of such medication where a person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. I hereby grant permission to the Site Supervisor or his/her designee to assist in the administering of the medication listed below to the participant named above:

Administration of Medication: Required ☐ Not Required ☐

Parent/Guardian Signature: _____ Date: _____

Date	Time Given	Site Supervisor Administering	Staff Witness

Brevard County Parks and Recreation Youth Program and Camp Discount



Dear Parent/Guardian:

Thank you for registering a participant in a Brevard County Parks and Recreation Youth Program or Camp. We have great adventures planned for participants to have fun, learn, grow and play.

If you wish to apply for a youth program or camp discount, please see the requirements below. Upon verification of eligibility, the youth program or camp discount will be valid for one (1) year from the start of summer camp for all Brevard County sponsored youth programs and camps.

Discounts are available based on residency in a Neighborhood Strategy Area or finances. **Discounts may not exceed 75% of youth program or camp cost.** In order to determine eligibility for the discount, you must provide the information listed below. **If documentation is incomplete, your discount cannot be verified.**

Residency Discount (50%)

Residents of identified neighborhood strategy areas shall receive a 50% reduction to department sponsored program fees for facilities located within neighborhood strategy areas in which they reside.

☐ **Attach Two (2) current** Brevard County address verifications (utility bill, lease, letter from landlord, etc.).

Address of Participant: _____

☐ **APPROVED** ☐ **NOT APPROVED**

Financial Discount

(only one financial discount may be given)

☐ **Free / Reduced Lunch (25%)** ☐ **APPROVED** ☐ **NOT APPROVED**

Attach the Direct Certification Notification Letter of Free/Reduced lunch from the Brevard County School Board or a copy of the participant's report card.

○ **Participants Listed:** _____

☐ **Food Stamp Assistance / Cash Assistance (50%)** ☐ **APPROVED** ☐ **NOT APPROVED**

Attach Most recent eligibility documentation from the Florida Department of Children and Families indicating the participant is currently eligible to receive one of the benefits listed.

○ **Participants Listed:** _____

I attest that I have read the above carefully and state that my attestation here is true and correct:

Parent/Guardian Name (Printed): _____ **(Signature):** _____

Community Center Coordinator
Parks and Recreation Department
Brevard County, Florida

Date

Audit Performed

Signature & Date

Notice of Temporary Guardianship

I, _____, of _____
(print your full name) (print address)

As the parent/guardian of:

List the full names of each child	List each child's birth date

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual to whom you are granting temporary custody	List person's relationship to the child(ren)

Contact information of temporary guardians listed above:

Address: _____

Phone Number(s): _____

Statement of Consent: (To be signed in the presence of a legalized notary public)

I, _____, hereby grant temporary guardianship of the above child(ren), whom I have legal custody of to _____,

☐ From _____ to _____.
(mm/dd/yyyy) (mm/dd/yyyy)

☐ For as long as necessary, beginning on _____.
(mm/dd/yyyy)

Signature: _____ Date: _____

Notarization: On this _____ day of _____, _____, _____,
(date) (month) (year) (name of parent)

personally appeared before me in _____, _____, and in my presence has satisfactorily
(city) (state)

identified him/herself as the signer(s) of this Temporary Guardianship form.

affix seal here

Name of Notary Official: _____

Signature: _____ Commission Expires: _____